



Utah Medicaid Drug Pricing Research Request



This Drug Pricing Research Request worksheet provides the opportunity to indicate difficulty obtaining a specific drug at the price that Utah Medicaid is reimbursing. To ensure a timely response to your request, please completely fill out this work sheet and attach an invoice showing the current acquisition cost.

Fax this completed form and invoice(s) to (801)538-6412, Attention Medicaid Pharmacy Policy Team.

Provider Information:

Provider Name_____ Provider Contact Name_____

Phone Number_____ Fax Number_____

NPI_____ Date of Service_____

Drug Information:

Drug Name_____ Drug Strength_____

NDC_____ Acquisition Cost*_____

Recipient ID_____ Rx Number_____

Comments:

Utah Medicaid Use Only - Do Not Write Below Line

Price Adjusted: YES/NO

Comments:

*Please provide a current wholesaler invoice showing your acquisition cost. Utah Medicaid will not process forms without an accompanying invoice.